MASONIC HEALTH CARE CENTER, INC.

400 NORTH MAIN STREET

DOUSMAN 53118 Phone: (262) 965-9245		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	84	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	84	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	75	Average Daily Census:	81

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis 		Age Groups	ફ ફ		20.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.3	More Than 4 Years	14.7
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)		65 - 74   75 - 84	5.3 20.0		81.3
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.3	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over		Full-Time Equivalent	
Congregate Meals	No	Cancer	1.3			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures				(12/31/03)	
Other Meals	No			65 & Over			
Transportation	No	Cerebrovascular	13.3			RNs	8.3
Referral Service	No	Diabetes	2.7	Gender	용	LPNs	7.8
Other Services	Yes	Respiratory	4.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	37.3	Male	28.0	Aides, & Orderlies	33.9
Mentally Ill	No			Female	72.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0	1	
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## Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	2	6.5	201	0	0.0	0	0	0.0	0	2	2.7
Skilled Care	3	100.0	207	36	87.8	126	0	0.0	0	29	93.5	179	0	0.0	0	0	0.0	0	68	90.7
Intermediate				5	12.2	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	6.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		41	100.0		0	0.0		31	100.0		0	0.0		0	0.0		75	100.0

County: Waukesha Facility ID: 9540 Page 2
MASONIC HEALTH CARE CENTER, INC.

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	용		sistance of	<u> -</u>	Number of
Private Home/No Home Health	9.8	Daily Living (ADL)	-	One	Or Two Staff		Residents
Private Home/With Home Health	0.0	Bathing	0.0		74.7	25.3	75
Other Nursing Homes	9.8	Dressing	12.0		64.0	24.0	75
Acute Care Hospitals	63.9	Transferring	18.7		52.0	29.3	75
Psych. HospMR/DD Facilities	0.0	Toilet Use	14.7		48.0	37.3	75
Rehabilitation Hospitals	11.5	Eating	48.0		34.7	17.3	75
Other Locations	4.9	******	******	*****	* * * * * * * * * * * * * * * * * *	*****	*****
Total Number of Admissions	61	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.3	Receiving Resp	iratory Care	14.7
Private Home/No Home Health	23.5	Occ/Freq. Incontiner	nt of Bladder	42.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	22.7	Receiving Suct	ioning	1.3
Other Nursing Homes	1.5	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	5.9	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.3		anically Altered Diets	44.0
Rehabilitation Hospitals	0.0	. <u> </u>			_	_	
<u> </u>	11.8	Skin Care			Other Resident C	haracteristics	
Deaths	57.4	With Pressure Sores		2.7	Have Advance D	irectives	97.3
Total Number of Discharges		With Rashes		8.0	Medications		
(Including Deaths)	68				Receiving Psyc	hoactive Drugs	66.7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Non	profit	50	-99	Ski	lled	Al	1
	Facility	y Peer Group		Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	용	Ratio	용	Ratio	ઇ	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.4	87.9	1.10	88.1	1.09	86.6	1.11	87.4	1.10
Current Residents from In-County	82.7	87.5	0.94	88.7	0.93	84.5	0.98	76.7	1.08
±									
Admissions from In-County, Still Residing	41.0	22.9	1.79	20.6	1.99	20.3	2.02	19.6	2.09
Admissions/Average Daily Census	75.3	144.5	0.52	189.9	0.40	157.3	0.48	141.3	0.53
Discharges/Average Daily Census	84.0	147.5	0.57	189.2	0.44	159.9	0.53	142.5	0.59
Discharges To Private Residence/Average Daily Census	19.8	49.7	0.40	75.8	0.26	60.3	0.33	61.6	0.32
Residents Receiving Skilled Care	93.3	93.9	0.99	94.9	0.98	93.5	1.00	88.1	1.06
Residents Aged 65 and Older	98.7	97.1	1.02	91.0	1.08	90.8	1.09	87.8	1.12
Title 19 (Medicaid) Funded Residents	54.7	50.3	1.09	48.6	1.12	58.2	0.94	65.9	0.83
Private Pay Funded Residents	41.3	34.6	1.19	30.8	1.34	23.4	1.77	21.0	1.97
Developmentally Disabled Residents	0.0	0.6	0.00	0.4	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	33.3	35.5	0.94	31.3	1.07	33.5	1.00	33.6	0.99
General Medical Service Residents	37.3	23.0	1.62	24.1	1.55	21.4	1.75	20.6	1.82
Impaired ADL (Mean)	54.1	51.9	1.04	48.8	1.11	51.8	1.04	49.4	1.10
Psychological Problems	66.7	62.2	1.07	61.9	1.08	60.6	1.10	57.4	1.16
Nursing Care Required (Mean)	8.8	7.2	1.22	6.8	1.30	7.3	1.22	7.3	1.21